HOMES FOR THE AGED

APPOINTMENT OF ADMINISTRATOR
Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Notice is hereby given to the Michigan Department of Licensing and Regulatory Affairs that:		
Authorized Representative (name):		
Has appointed (name):		
Whose social security number is:	Whose date of birth is:	
As the administrator for:		
Facility Name:		License #
Address (street, city, zip code)		
Rule 325.1921 requires:		
(a) Be at least 18 yea (b) Have education, to served by the hom (c) Be capable of ass implementation of	raining, and/or experience related to the population	
(résumé or letter outlining	e 325.1921(2) (b & c), I am attaching document education, training, and/or experience with ves) that establishes my candidate is qualified an or for this facility.	
Authorized Representative Signature	Printed Name of Authorized Representative	Date / /

LARA is an equal opportunity employer/program.

Authority: 1978 PA 368